

**Arkansas**

**Arkansas Department of Environmental Quality (ADEQ)**

**Re: 7520 Reports for the Fourth Quarter of FY2013**

**4<sup>th</sup> Quarter Period: (October 1, 2012 --- September 30, 2013)**

**Date: (Thursday) November 21, 2013**

**Time: 4:20pm**

**Reference File**

**Code: WA-UI-PP**

Please type or print all information. Please read instructions.

OMB No. 2040-0042 Form Expires 11/30/2014



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**  
**Part I: Permit Review and Issuance/**  
**Wells in Area of Review**  
(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

United States Environmental Protection Agency  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**II. Date Prepared (month, day, year)**

11/19/2013

**III. State Contact (name, telephone no.)**

Linda Hanson, (501) 682-0646

**IV. Reporting Period (month, year)**

From

October 1, 2012

To

09/30/2013

**Class and Type of Injection Wells**

**V. Permit Application**

**Number of Permit Applications Received**

**VI. Permit Determination**

**Permit Issued**

A

Number of Individual Permits Issued (One Well)

New Wells

0

Existing Wells

0

B

Number of area Permits\* Issued (Multiple Wells) (\*See instructions on back)

New Well Field

0

Existing Well Field

0

C

Number of Wells in Area Permits (See B above)

New Wells

0

Existing Wells

0

**Permit Not Issued**

D

Number of Permits Denied/Withdrawn (after complete technical review)

N/A

**Modification Issued**

E

Number of Major Permit Modifications Approved

N/A

**VII. Permit File Review**

**Number of Rule-Authorized Class II Wells Reviewed**

Wells Reviewed

0

Wells Deficient

0

**VIII. Area of Review (AOR)**

**Wells Reviewed**

A

Number of Wells in Area of Review

Abandoned Wells

0

Other Wells

0

**Wells Identified for C/A**

B

Number of Wells Identified for Corrective Action

Abandoned Wells

0

Other Wells

2

**Wells with C/A**

C

1. Number of Wells in AOR with Casing Repaired/Receimented C/A

2. Number of Active Wells in AOR Plugged/Abandoned

3. Number of Abandoned Wells in AOR Replugged

4. Number of Wells in AOR with "Other" Corrective Action

**IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)**

**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

**Signature and Typed or Printed Name and Title of Person Completing Form**

*Linda Hanson*

Linda Hanson, Geologist P.G.

**Date**

11/19/2013

**Telephone No.**

(501) 682-0646



Please type or print all information. Please read instructions on reverse.

OMB No. 2040-0042

Approval Expires 11/30/2014



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460  
**UIC Federal Reporting System  
Part II: Compliance Evaluation**

(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

United States Environmental Protection Agency  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**II. Date Prepared (month, day, year)**

11/19/2013

**III. State Contact (name, telephone no.)**

Linda Hanson (501) 682-0646

**IV. Reporting Period (month, year)**

From

October 1, 2012

To

9/30/2013

**Class and Type of Injection Wells**

	Total Wells	A	Item	I	II			III	IV	V	
					SWD 2D	ER 2R	HC 2H				
<b>V. Summary of Violations</b>	Total Violations	A	Number of Wells with Violations	3							
		B	1. Number of Unauthorized Injection Violations	0							
			2. Number of Mechanical Integrity Violations	3							
			3. Number of Operation and Maintenance Violations	0							
			4. Number of Plugging and Abandonment Violations	0							
			5. Number of Monitoring and Reporting Violations	0							
			6. Number of Other Violations (Specify)	0							
<b>VI. Summary of Enforcement</b>	Total Enforcement Actions	A	Number of Wells with Enforcement Actions	0							
		B	1. Number of Notices of Violation	0							
			2. Number of Consent Agreements	0							
			3. Number of Administrative Orders	0							
			4. Number of Civil Referrals	0							
			5. Number of Criminal Referrals	0							
			6. Number of Well Shut-ins	4							
			7. Number of Pipeline Severances	0							
8. Number of Other Enforcement Actions (Specify)	0										
<b>VII. Summary of Compliance</b>	Number of Wells Returned to Compliance	A. This Quarter	0								
		B. This Year	2								
<b>VIII. Contamination</b>	Number of Cases of Alleged Contamination of a USDW			0							
<b>IX. MIT Resolved</b>	Percent of MIT Violations Resolved in 90 Days			2							

**X. Remarks/Ad Hoc Report (Attach additional sheets)**

**Certification**

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Signature and Typed or Printed Name and Title of Person Completing Form

Linda Hanson, Geologist P.G.

Date

11/20/2013

Telephone No.

(501) 682-0646



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OMB No. 2040-0042 Approval Expires 11/30/2014



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**  
**Part II: Compliance Evaluation**  
**Significant Noncompliance**  
(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

United States Environmental Protection Agency  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**II. Date Prepared (month, day, year)**

11/19/2013

**III. State Contact (name, telephone no.)**

Linda Hanson

**IV. Reporting Period (month, year)**

From

October 1, 2012

To

09/30/2013

**Class and Type of Injection Wells**

	Item	I	II			III	IV	V
			SWD 2D	ER 2R	HC 2H			
<b>V. Summary of Significant Non-Compliance (SNC)</b>	<b>Total Wells</b>	A	Number of Wells with SNC Violations					
	<b>Total Violations</b>	B	0					
		1. Number of Unauthorized Injection SNC Violations	3					
		2. Number of Mechanical Integrity SNC Violations	0					
		3. Number of Injection Pressure SNC Violations	0					
		4. Number of Plugging and Abandonment SNC Violations	0					
		5. Number of SNC Violations of Formal Orders	0					
		6. Number of Falsification SNC Violations	0					
7. Number of Other SNC Violations (Specify)	0							
<b>VI. Summary of Enforcement Against SNC</b>	<b>Total Wells</b>	A	Number of Wells with Enforcement Actions Against SNC					
	<b>Total Enforcement Actions</b>	B	0					
		1. Number of Notices of Violation	0					
		2. Number of Consent Agreements/Orders	0					
		3. Number of Administrative Orders	0					
		4. Number of Civil Referrals	0					
		5. Number of Criminal Referrals	0					
		6. Number of Well Shut-Ins	0					
		7. Number of Pipeline Severances	0					
8. Number of Other Enforcement Actions Against SNC Violations (Specify)	0							
<b>VII. Summary of Compliance</b>	Number of Wells in SNC Returned to Compliance		A. This Quarter	0				
			B. This Year	2				
<b>VIII. Contamination</b>	Number of Cases of Alleged Contamination of a USDW		0					
<b>IX. Well Closure</b>	Class IV/Endangering Class V Well Closures		Involuntary Well Closure				0	
			Voluntary Well Closure				0	

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Signature and Typed or Printed Name and Title of Person Completing Form

*Linda Hanson*

Linda Hanson, Geologist P.G.

Date

11/20/2013

Telephone No.

(501) 682-0646



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United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460  
**UIC Federal Reporting System**  
**Part III: Inspections**  
**Mechanical Integrity Testing**  
(This information is solicited under the authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

United States Environmental Protection Agency  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**II. Date Prepared (month, day, year)**

11/19/2013

**III. State Contact (name, telephone no.)**

Linda Hanson (501) 682-0646

**IV. Reporting Period (month, year)**

From

October 1, 2012

To

09/30/2013

**Class and Type of Injection Wells**

		Item		Class and Type of Injection Wells							
				I	II			III	IV	V	
					SWD 2D	ER 2R	HC 2H				
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected	55							
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed	24							
			2. Number of Emergency Response or Complaint Response Inspections	0							
			3. Number of Well Constructions Witnessed	0							
			4. Number of Well Pluggings Witnessed	0							
			5. Number of Routine/Periodic Inspections	55							
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)	10							
	B	No. of Rule-Authorized Wells Tested/Evaluated for MI	Passed 2-part test	0							
			Failed 2-part test	0							
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations	Well Passed	10						
				Well Failed	3						
			2. No. of Casing/Tubing Pressure Tests	Well Passed	0						
				Well Failed	0						
			3. Number of Monitoring Record Evaluations	Well Passed	9						
				Well Failed	1						
			4. No. of Other Significant Leak Tests/Evaluations (Specify)	Well Passed	1						
				Well Failed	0						
	For Fluid Migration	D	1. Number of Cement Record Evaluations	Well Passed	1						
				Well Failed	0						
			2. Number of Temperature/Noise Log Tests	Well Passed	1						
				Well Failed	0						
			3. No. of Radioactive Tracer/Cement Bond Tests	Well Passed	11						
				Well Failed	4						
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)	Well Passed	0						
				Well Failed	0						
	VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action	2						
Total Remedial Actions		B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions	1							
			2. Number of Tubing/Packer Remedial Actions	1							
			3. Number of Plugging/Abandonment Remedial Actions	0							
			4. Number of Other Remedial Actions (Specify)	0							

**VIII. Remarks/Ad Hoc Report (Attach additional sheets)**

**Certification**

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Signature and Typed or Printed Name and Title of Person Completing Form

*Linda Hanson* Linda Hanson, Geologist P.G.

Date

11/20/2013

Telephone No.

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Approval Expires 11/30/2014



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460  
**UIC Federal Reporting System**  
**Part V**  
**Summary of UIC Grant Utilization**  
(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

United States Environmental Protection Agency  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118

**II. Date Prepared (month, day, year)**

11/19/2013

**III. State Contact (name, telephone no.)**

Linda Hanson, 501-682-0646

**IV. Reporting Period (month, year)**

From

October 1, 2012

To

9/30/2013

**V.  
Expenditure  
by  
Object Class**

Item	Federal Funds (\$)	State Funds (\$)
A. Personnel	41,646.46	13,882.15
B. Fringe Benefits	13,448.35	4,482.78
C. Travel	1,502.99	501.00
D. Equipment		
E. Supplies	3.27	1.09
F. Contractual		
G. Other Direct Charges		
H. Indirect Charges	18,715.28	6,238.43
I. Total	75,316.35	25,105.45

**VI.  
Expenditure  
by  
Program  
Element**

A. Administration	6,196.44	2,065.48
B. Permitting	20,244.39	6,748.13
C. Surveillance, Inspection, and Quality Assurance	4,805.12	1,601.71
D. Enforcement	7,098.44	2,366.15
E. Aquifer Identification and Exemption		
F. Class V Assessment		
G. Data Management	1,403.65	467.88
H. Public Information, Training, and Technical Assistance	1,898.44	632.81
I. Other		
J. Total	41,646.48	13,882.16

**VII. Remarks (Attach additional sheets if necessary)**

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